

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-024703

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No.

Primary Registration District No.

Registrar's No.

STATE FILE NUMBER

FILED JUL 12 1963

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Independence</b>		c. CITY OR TOWN <b>Independence</b>	
Length of stay in 1b <b>5 years</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>3608 No. Osage</b>		d. STREET ADDRESS (If outside, give location) <b>3608 No. Osage</b>	
3. NAME OF DECEASED (Type or print) First <b>Vesta</b> Middle <b>L</b> Last <b>Angell</b>		4. DATE OF DEATH Month <b>July</b> Day <b>7</b> Year <b>1963</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>5-9-1890</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired Bookkeeping Clerk</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Bank of Liberal, Mo.</b>	
11. BIRTHPLACE (City and state or country) <b>Johnson County, Mo.</b>		12. CITIZEN OF WHAT COUNTRY <b>USA</b>	
13a. FATHER'S NAME <b>John F. Howeth</b>		13b. MOTHER'S MAIDEN NAME <b>Mattie J. Lee</b>	
14. NAME OF HUSBAND OR WIFE <b>Elmer L. Angell</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	
16. SOCIAL SECURITY NO. <b>---</b>		17. INFORMANT <b>Elmer L. Angell 3608 No. Osage Indep. Mo.</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Malnutrition</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>Chronic Brain Syndrome</b> DUE TO (c) <b>Cerebrovascular arteriosclerosis</b>		INTERVAL BETWEEN ONSET AND DEATH <b>3 mos.</b> <b>1 yr.</b> <b>Unknown</b>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>Osteoarthritis</b>		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour <b>12:50</b> Month, Day, Year <b>Feb - 1962</b> a.m. p.m.		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION <b>Warrensburg, Missouri</b>	
21. I attended the deceased from <b>Feb - 1962</b> to <b>7/7/63</b> and last saw her alive on <b>7/6/63</b> Death occurred at <b>12:50</b> p.m. on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE <b>H.W. Keane M.D.</b>	
22b. ADDRESS <b>10901 Winnie Road, Independence</b>		22c. DATE SIGNED <b>7/8/63</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>7-9-1963</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Sunset Hills Cemetery</b>	
24. FUNERAL DIRECTOR <b>Geo. C. Carson &amp; Sons</b>		25. DATE RECD. BY LOCAL REG. <b>7-9-63</b>	
26. REGISTRAR'S SIGNATURE <b>Alba L. Craig</b>			

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

7-9-63

JUL 12 1963

Mr. James & Jack  
10901 W. ...  
Ind. ...

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed *R. Kenneth Patterson*

Licensed Embalmer No. 4697

P. O. Address *Ind. ...*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.